

215040533
62738

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 049	Agency Case No. B5-092510	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 10/04/2015		TIME OF ACCIDENT 1949	STATE USE ONLY	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1951	10/04/2015	
B	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. S. 56th St.		PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE	
C	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE	
D	IF AT INTERSECTION		IF NOT AT INTERSECTION			
2	NAME OF INTERSECTING ROADWAY		O FEET O MILES N S E W		OF NEAREST STREET, BRIDGE, RAILROAD CROSSING	
V1/M	A St.					
01	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
V2/M	MILES		N S E W	AND MILES		N S E W
01	R. WORK ZONE CODES		R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES		S1 S2 S3 S4 S5-a S5-b S6-a S6-b
E	1		1		DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	
VEHICLE NO. 1						
F	DRIVER LICENSE NO.	G02147441		STATE (Of License)	NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE
V1/N	DRIVER		PHONE		LOCAL NO.	
2	ROBERT L GILLIAM		402-781-2273			
V2/N	DRIVER ADDRESS		CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	
2	2220 S 202 RD, EAGLE, NE 68347				04/22/1930	
G	OWNER		PHONE		LOCAL NO.	
2	ROBERT L GILLIAM		402-781-2273			
G	OWNER ADDRESS		CITY, STATE, ZIP		CITATION	
2	2220 S. 202th, Eagle, NE 68347				<input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO	
H	LICENSE PLATE	PA NO.	20G987	YEAR (Plate Expires)	2016	STATE (Of Plate) NE
V1/O	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR
2	2005	Mercury	Montego	4 door Sedan	white	ESTIMATED DAMAGE
V2/O	VEHICLE ID NO. (VIN)	1MEFM40115G602353		INSURANCE COMPANY		O TOTALED \$ 2500
2	TOWED TO	TOWED BY		POLICY NO.		
2					15621351-8	
VEHICLE NO. 2						
I	DRIVER LICENSE NO.	H12258557		STATE (Of License)	NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE
V1/P	DRIVER		PHONE		LOCAL NO.	
1	JILLIAN T BENNETT		402-269-5342			
V2/P	DRIVER ADDRESS		CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	
1	111 S 20TH RD, UNADILLA, NE 68454				12/30/1978	
J	OWNER		PHONE		LOCAL NO.	
01	SAMUEL J BENNETT / Jillian T Bennett		402-269-5342			
J	OWNER ADDRESS		CITY, STATE, ZIP		CITATION	
01	111 SO 20TH RD, UNADILLA, NE 68454				<input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO	
V1/Q	LICENSE PLATE	PA NO.	11N100	YEAR (Plate Expires)	2016	STATE (Of Plate) NE
V2/Q	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR
4	2004	Chevrolet	Venture	Mini van	silver / chrome	ESTIMATED DAMAGE
4	VEHICLE ID NO. (VIN)	1GNDX13E74D153801		INSURANCE COMPANY		O TOTALED \$ 2000
K	TOWED TO	TOWED BY		POLICY NO.		
02					AU248559	
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)						
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	3 Body Region	4 Injury Sev.
					5 Trans.	SEX M F
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

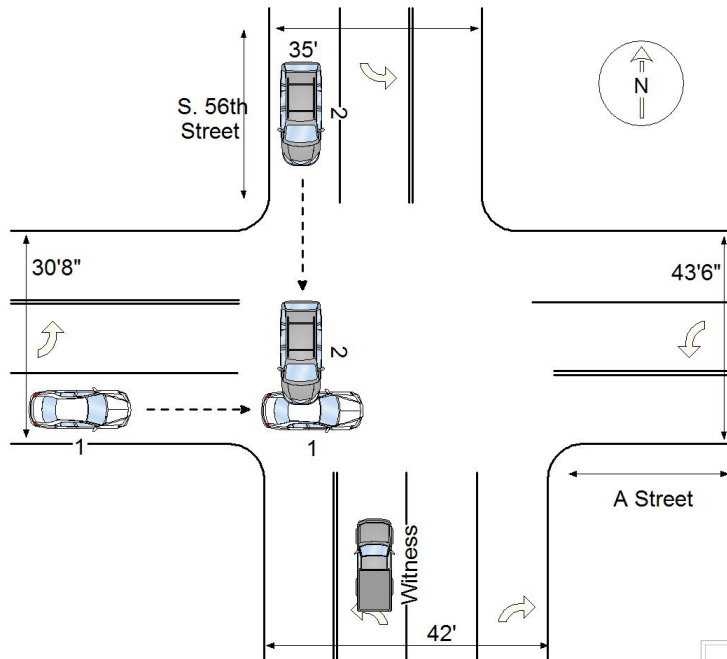
AGENCY CASE NO.
B5-092510



Indicate
North
by Arrow

P.O.I.
-4 ft. east of west curb S.
56th St.
-22 ft. south of north curb
A St.

All measurements approx.



Not To Scale

DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

D1 was EB on A St. approaching S. 56th St. at approx. 30 to 35 mph. D1 reported the light turned yellow as he was entering the intersection and he collided with D2. D1 did not know if he hit his brakes prior to the collision. D2 reported she was SB on S. 56th St. approaching A St. at approx. 35 mph. D2 reported she had a green light, entered the intersection, and saw D1 was entering the intersection. D2 reported she hit her brakes but couldn't avoid the collision. Witness reports that he was NB on S. 56th at A St. in the left turn lane with a red light. Witness was unable to say if the light was yellow or red for D1 when he entered the intersection.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME Kevin P Conant 4226 Witherbee Blvd, Lincoln, NE 68510				PHONE 402-489-1665
	NAME				PHONE

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS						
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME		VEHICLE 1		VEHICLE 2		VEHICLE 1		VEHICLE 2		VEH 1	2	VEH 2	1
1			X		A St.		POINT OF IMPACT	07	POINT OF IMPACT	01	1	2	3	4	Y		Y	
2		X			S. 56th St.		MOST DAMAGED AREA	07	MOST DAMAGED AREA	01	2	3	4	5	N	X	N	X
1	01	06 Turning left 07 Making U-turn 08 Entering traffic lane 09 Leaving traffic lane 10 Parked 11 Slowing or stopped in traffic 12 Other 13 Unknown				00 None 09 Top & windows 10 Undercarriage 11 Total (all areas) 12 Other		01 02 03 04 05 06 07 08		1 Deployed - front 2 Deployed - side 3 Deployed - both front/side 4 Not deployed 5 Not applicable/ No airbag available 6 Unknown		1 None used - vehicle occupant 2 Lap & shoulder belt used 3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used 6 Child booster seat used 7 DOT approved helmet used 8 Costume helmet used 9 Restraint use unknown		BAC LEVEL ALCOHOL/ DRUGS SUSPECTED Driver No. 1: 1 Driver No. 2: 1 1 Neither alcohol nor drugs suspected 2 Yes - alcohol suspected 3 Yes - drugs suspected 4 Yes - alcohol & drugs suspected 5 Unknown				
2	01																	

OFFICER NO. 1591	TROOP/ TEAM/ BEAT CE	DEPARTMENT Lincoln Police Department	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) Aaron Beasley		INVESTIGATOR SIGNATURE Approved by Aaron Beasley	DATE OF REPORT 10/04/2015